



CITY OF ROCKVILLE
DEPARTMENT OF COMMUNITY PLANNING AND
DEVELOPMENT SERVICES

APPLICATION PACKET
COMMUNITY DEVELOPMENT BLOCK GRANT

(FISCAL YEAR 2014 - JULY 1, 2013 through JUNE 30, 2014)

An **original** and **five** copies of this application
must be submitted no later than

Wednesday October 3, 2012 at 5:00 P.M. to:

Department of Community Planning and Development Services
Attention: CDBG Applications
111 Maryland Avenue
Rockville, Maryland 20850

(240) 314-8200 FAX (240) 314-8210 TDD (240) 314-8137

APPLICATION INSTRUCTIONS

WHO SHOULD APPLY?

Only non-profit organizations and government entities are eligible to apply. For-profit entities are not eligible for funding.

Nonprofits: A nonprofit organization must have a 501(c)(3) designation from the U. S. Internal Revenue Service. People interested in undertaking new activities that have not yet formed a nonprofit organization may still apply. An organization that has applied for a nonprofit designation, but has not yet received the designation, must ensure that the designation will be in place before the beginning of the fiscal year (July 1, 2014).

Government Agencies: Governmental and quasi-governmental agencies are encouraged to apply in partnership with a local nonprofit organization. The nonprofit organization should be, whenever practical, the primary applicant.

WHAT ACTIVITIES WILL BE FUNDED?

In FY 2014 the City of Rockville has prioritized CDBG funding for Low and Moderate Income Housing Activities. Activities **MUST** meet the following CDBG National Objective and Activity Categories to be funded:

National Objective: Benefit Low and Moderate Income Persons or Households

LMI Housing Activities – Activities undertaken for the purpose of providing or improving permanent residential structures which, upon completion, will be occupied by LMI households

LMI Limited Clientele – 70% of the beneficiaries of an activity must be LMI persons.

For example, the following activities could be funded:

- Assist existing eligible homeowners with the repair, rehabilitation, or reconstruction of an owner-occupied unit.
- Acquisition and clearance of land to support the development of homeownership or rental housing for low and moderate-income persons.
- Acquisition and rehabilitation of rental housing for low and moderate income persons.
- Direct homeownership assistance, such as down payment or closing cost assistance, to help an eligible household purchase a home.
- Development of housing for homeless or formerly homeless individuals or households.

WHAT ACTIVITIES WILL NOT BE FUNDED?

For FY 2014, the following activities are will not be funded:

- Public services activities.
- Improvements to public facilities, such as neighborhood or community facilities and facilities for persons with special needs.
- Economic development activities.
- Historic preservation activities.

If you have questions about whether the activity you want to propose is a Housing Activity please contact Erin Wilson at the Department of Community Planning and Development Services by calling 240-314-8203 or attending the pre-application meeting for applicants at 2:00 pm on Wednesday, September 12, 2012 at Rockville City Hall, 111 Maryland Avenue, Rockville, MD 20850.

ARE THERE PROGRAM REQUIREMENTS THAT I SHOULD KNOW ABOUT?

1. There are Federal Requirements that may apply to the project you propose. For example:
 - a. **Davis-Bacon Requirements:** If your organization proposes residential construction or rehabilitation activities for a property that contains 8 or more units, Federal Davis-Bacon requirements apply.
 - b. **Section 3 Requirements:** “Section 3” (of the Housing and Urban Development Act of 1968) mandates that federally funded construction and related activities take affirmative action to provide employment, training and business opportunities for low-income project area residents and businesses.
2. **The minimum grant amount an applicant can request is \$15,000.** The City anticipates that approximately \$60,000 will be available for a maximum of four grants. The City encourages applicants to leverage the requested CDBG grant amount. Points will be awarded to applicants who demonstrate that CDBG dollars will be leveraged. See the “Scoring Criteria” section for details.
3. Funding recipients are required to meet:
 - a. City and Montgomery County general commercial liability insurance requirements and provide a certificate of insurance.
 - b. Federal, County, and City regulations for financial management of CDBG funds.

- c. Quarterly Reporting requirements, providing information on the number of individuals or households served, including demographic information.

ARE THERE SUBMISSION REQUIREMENTS THAT I SHOULD KNOW ABOUT?

1. Submit a separate application for each funding request.
2. Complete all information requested in the application. Do not vary your submission from the sequence or format presented in the application. Do not alter the content or format of questions.
3. Applications must be typed or computer generated. Responses must be provided in a font that is **11pt Times New Roman or larger**. **The page limit for the application is 15 pages, not including attachments**. Any pages beyond 15 will not be considered in the scoring process.
4. An original and five copies must be submitted.
5. **Only complete applications received by the deadline will be considered for funding and reviewed**. Use both the Completeness Checklist and the Attachments Checklist included in this application packet to help ensure that your application is complete.
6. Incomplete applications will be returned to the applicant. An applicant will be given seven calendar days to provide missing information for applications that are substantially complete but have minor omissions. Examples of omissions that an applicant will be given the opportunity to correct include a missing signature or federal identification number. **Minor omissions do not include application questions that have been left unanswered or failure to submit a budget or requested attachments**.
7. Applicants must use the required forms, **including CDBG Project Budget Form**.

WHERE SHOULD I SUBMIT MY APPLICATION? IS THERE A DEADLINE?

Submit **one original and five copies** of the application **no later than 5:00 p.m. on Wednesday, October 3, 2012 to:**

City of Rockville
Department of Community Planning and Development Services
Attention: CDBG Applications
111 Maryland Avenue
Rockville, Maryland 20850

I HAVE SUBMITTED AN APPLICATION; WHEN WILL I HEAR ABOUT FUNDING?

If your application is approved by the Mayor and Council, funds will most likely be available after **October 2013**. You will be notified about Mayor and Council approval by December 1, 2012. Approved applications will be submitted to Montgomery County for review and approval. The County staff makes funding recommendations to the County Executive January/February 2013. The applications then become incorporated in the County budget approval process.

INCOME LIMITS

At least 70 percent of CDBG funds must benefit low- and moderate-income persons or households. The most recent income levels for these two income categories are shown below:

HUD INCOME LIMITS*		Effective: December 2011
Family Size	Low	Moderate
1	\$37,650	\$49,200
2	\$43,000	\$56,200
3	\$48,400	\$63,250
4	\$53,750	\$70,250
5	\$58,050	\$75,900
6	\$62,350	\$81,500
7	\$66,650	\$87,150
8	\$70,950	\$92,750

* All income figures have been rounded to the nearest \$50

WHAT IF I HAVE QUESTIONS?

Staff of the Department of Community Planning and Development Services encourages your questions and is available to provide technical assistance over the telephone or in person. Contact Erin Wilson at 240-314-8203 or ewilson@rockvillemd.gov with questions.

THRESHOLD REQUIREMENTS AND SCORING CRITERIA

Threshold Requirements

- The project must propose a housing activity
- The applicant must be a non-profit organization or governmental agency

Scoring Criteria

Applications will be scored on the following criteria:

1. Benefit to Low and Very Low Income Persons – 10 points
2. Need – 15 points
3. Proposed Solution and Scope of Work – 30 points
4. Budget and Leveraging – 20 points
5. Organizational Capacity – 10 points
6. Experience and Past Performance – 10 points
7. Overall Quality of Application – 5 points

IMPORTANT NOTICES FOR APPLICANTS

Readiness to Proceed

Every year, the demand for CDBG funds exceeds the amount of money available. The City of Rockville is therefore committed to funding projects that are ready to proceed immediately after funds are available and those prepared to spend the approved funds within an 18-month period. Unspent funds remaining at the end of the subgrantee agreement term may be recaptured. Plan your projects accordingly.

Partial Funding

Please be aware that even if your project is approved, it may be recommended at a smaller level of funding than was requested. Please develop contingency plans for smaller CDBG awards.

Not Recurring Funding

Finally, these funds, if awarded, are NOT an ongoing source of support. Even if you receive funding in year one, there is no guarantee that approved projects will receive funding in subsequent years.

COMPLETENESS CHECKLIST AND TABLE OF CONTENTS

This checklist is provided to help you ensure that your application is complete and includes all the required elements. Place an “X” in the space provided once a particular piece of information is included and a section is complete.

<u>SECTION</u>	<u>PAGE #</u>
____ 1. COVER PAGE	p. ____
____ Certification	
____ Federal I.D. Number	
____ 2. EXECUTIVE SUMMARY	p. ____
____ 3. PROJECT NEEDS	p. ____
____ 4. PROJECT DESCRIPTION (questions #4a. - #4d.)	p. ____
____ 5. ACTION PLAN (questions as #5a. - #5c.)	p. ____
____ 6. BUDGET AND LEVERAGING (questions #6a. - #6f.)	p. ____
____ Evidence of other funding commitments as requested in #6d. (e.g. commitment letters)	
____ 7. EXPERIENCE AND ORGANIZATIONAL CAPACITY (questions #7a. and #7c.)	p. ____

ATTACHMENT CHECKLIST

Please complete and submit this checklist with a copy of the following documents (#1 through #7), **if applicable**. Please label the documents using the document name and numerical order below. Please place all attachments at the **end** of the application. On the checklist, indicate by an “X” if the document is attached.

- ____ 1. Internal Revenue Service letter granting tax exempt nonprofit status 501(c)(3).
- ____ 2. CDBG Project Budget Form
- ____ 3. Evidence of Site Control - If the project proposes construction or rehabilitation
 - ____ If your organization owns the property, provide evidence of ownership – deed, property tax record, etc.
 - ____ If your organization is leasing the property, provide:
 - ____ A copy of the lease
 - ____ A letter from the owner stating the proposed activities are permitted and acceptable.
- ____ 4. Commitment letters from other funding sources.
- ____ 5. Organizational chart.
- ____ 6. Organization’s total fiscal budget (current year) and most recent audit.
- ____ 7. Two (2) letters of community support.

NOTE: Organizations whose projects are approved for funding will be required to enter into a contract with the City of Rockville for implementation of the funded activity. This contract will contain provisions, which will ensure compliance with all federal, state, and local laws and regulations. Upon execution of the contract and depending upon the type of activity, the organization will be required to submit other documents and information including, but not limited to: personnel rules and regulations, sample agency or organization timesheet; and proof of insurance coverage.

SECTION 1 - COVER PAGE

City of Rockville Community Development Block Grant (CDBG) Fiscal Year 2014

Applicant Information:

Legal name of Applicant/Organization:

Type of Organization: Nonprofit ____ Government ____

ATTACHMENT #1: Internal Revenue Service letter
granting non-profit status 501(c)(3)

Address: _____

Contact Person: _____ Telephone: _____

Title: _____ E-mail: _____

Project Title: _____

Amount of **CDBG** Funds Requested: \$ _____

Amount of Total Project Budget: \$ _____

Certification:

"I certify that I have reviewed this application and that, to the best of my knowledge and belief, all of the information provided in this application is true."

Signature of Authorized Representative Date

Print Name

Title Federal I.D. Number

SECTION 2 - EXECUTIVE SUMMARY

Provide a *brief* summary of your project. Describe: WHAT you will do, WHO you will serve, WHY the project is needed, WHERE you will do it, and WHAT activities you will fund with CDBG. (**NOTE:** More information is requested later; this space is for a *brief* overview of your project.)

SECTION 3 - PROJECT NEED

What unmet need(s) will your project address, how did you determine that this need exists, and how will your project address this need(s)? Please provide data that quantifies the need (e.g., number of units, physical needs assessment data).

SECTION 4 - PROJECT DESCRIPTION

4a. **Proposed Project:**

Describe the proposed project or program. Include any factors that make your proposal unique or innovative.

4b. **Location of Project:**

“Project activities should take place within the corporate limits of the City of Rockville.”

1. Where will this project be physically located? For projects, provide the address of the project; for programs, state the location from which the program will be operated.

2. Is there a primary service area(s) for this project?: Yes ___ No ___

If “yes,” briefly describe the boundaries of the service area (e.g. by streets, neighborhoods, or census tracts). If some people served come from outside the City of Rockville, please note this. Answering “no” signifies that services are provided citywide without regard to location.

4c. **Beneficiaries:**

1. Estimate the total number of people or households who will directly benefit from this project: _____
2. Estimate the total number of low- and moderate-income* people or households who will directly benefit from this project: _____
3. What percentage of the total people or households served are expected to be of low- and moderate-income*: _____%

Please identify the source of your estimates: _____

* - Please see the APPLICATION INSTRUCTIONS for the definition of “low- and moderate-income.”

4. Describe how beneficiaries will be recruited or referred to the project or program.

5. Describe how you will determine eligibility for the program and document that at least 70 percent of the housing units are occupied by LMI households or that 70 percent of the program’s beneficiaries have low- or moderate-incomes, as defined by HUD.

4d. **Project Goals:**

“The activity should have clearly stated goals and evaluation criteria that are specific, measurable, and realistic.”

List the specific goals that you hope to achieve through this project; goals should be quantitative and measurable in nature.

SECTION 5 - ACTION PLAN

“The activity should have a clear plan of action that is consistent with the budget and that demonstrates that the applicant has the capacity to implement the proposed plan.”

5a. Action Plan and Schedule:

Describe the implementation plan for the project by listing the key tasks and milestones in the following table. Any CDBG funds awarded should be fully expended within a 12-month period. Provide a schedule of key activities and the corresponding draw down of CDBG funds in the following table.

Calendar Quarter	Activities Undertaken and/or Results Achieved	Estimated CDBG \$ Drawn Down
First 3 Months	[list key tasks and milestones]	
Second 3 Months		
Third 3 Months		
Fourth 3 Months		

5b. Key Staff:

Complete the following table for each key staff person who is responsible for carrying out the action plan. Add additional lines if necessary.

Name	Years with Organization	Job Responsibilities/ Experience Relevant to Proposed Project	Percentage of Time to be Devoted to Project

5c. **Partnerships**

Will you enter into a partnership with any other organization(s) to undertake this project?: Yes ____

No ____ .

If “yes,” please list the organization(s) and its contribution(s).

SECTION 6 - BUDGET AND LEVERAGING

6a. Budget:

1. Describe in detail the physical improvements that will be made or the activities that will be undertaken with CDBG funds.

2. Complete the CDBG Project Budget Form at the end of the application.

ATTACHMENT #2: CDBG Project Budget Form
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3. How did you determine the cost estimates included in the CDBG Project Budget Form?

4. If you propose construction, rehabilitation, or acquisition activities:

- a. Are the construction estimates incorporated into the project budget inclusive Davis-Bacon Labor Standards and Wages?

_____ Yes _____ No _____ Not Applicable

- b. Does your organization own the property or site?

_____ Yes _____ No _____ Not Applicable

If yes, provide evidence of ownership (deed, property tax records, etc.) under Attachment 3.

If no, provide a copy of lease agreement and letter from the owner confirming the proposed activities are permitted and acceptable as Attachment 3.

ATTACHMENT #3: Evidence of site control.

- c. Does the project require a land use and/or zoning change?

_____ Yes _____ No

If yes, explain:

6b. **Partial Funding:**

In the past, the City has often provided partial funding for multiple projects instead of full funding for a few projects so that it could address numerous requests. Please describe, in detail, the specific changes that you will make to your project or scope of services if your project is partially funded

6c. **Prior Funding:**

The City of Rockville receives its CDBG funds through Montgomery County. It is County policy that an organization cannot receive funds for more than three years for the same project. List any prior CDBG funds received for this project.

\$_____ Year(s) prior funds received _____

6d. **Leveraging:**

1. Have you applied for funding from other sources for this project?

Yes ____ No ____

If “no,” why haven’t you applied for other funding?

2. If “yes,” to what organizations have you applied?

Source	Approved	Pending	Denied
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATTACHMENT #4: For approved funds, please provide a copy of each commitment or award letter.

6e. **Project Sources:**

1. Identify the total cash sources for this project, and the form of assistance (i.e. loan, grant, contribution, etc.):

Source of Funds	Form of Assistance	Amount
CDBG Funds		\$
Other City Funds		\$
County Funds		\$
Other Funds		\$
		\$
		\$

2. If you will use volunteers or in-kind contributions for this project, please explain:

- 6f. Explain, in detail, your long-term sustainability plan for this project. If you are proposing rehabilitation or construction activities, describe your long-term operation and maintenance plans for the project, including your plan to keep the housing affordable for LMI households. If you are proposing a program, describe your plan for operating this program once CDBG funds are no longer available.

SECTION 7 - EXPERIENCE AND ORGANIZATIONAL CAPACITY

7a. Organization Mission and Activities:

1. Describe your organization's mission and how the proposed project fits in with your organization's mission and current activities:

7b. Organization Background:

1. List the date your organization was established:
2. Number of paid staff in your organization: Full-time: _____ Part-time: _____

ATTACHMENT #5: A copy of your current Organizational Chart.
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3. Number of new staff who will be hired to work on the project, if funded:

Full-time: _____ Part-time: _____

4. Will a consultant(s) or contract staff be hired to help implement the project?

Yes ____ No ____

If "yes," please explain the services the consultant or contract staff will offer (**NOTE:** if you are funded, any subcontracts entered into are subject to approval by the City of Rockville Department of Community Planning and Development Services):

5. What is the amount of your organization's total current annual operating budget?

\$ _____

List your organization's major source(s) of funding:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

6. Do you currently receive, or are you applying for funding through other County or City agencies?

Yes ____ No ____

If "yes," provide information on the activity and the amount:

ATTACHMENT #6: At the end of the application, attach one copy of your organization's annual budget for the current year and your last year's audit at the end of the application.

7c. **Past Performance:**

1. Have you received CDBG funds for a project of similar activities, size, and complexity in the past?

Yes____ No____ (Skip to #3)

2. If Yes to #1, which project and what year?

Project Name /Description Project Year

Did you expend CDBG funds in a timely manner?

Yes____ No____

Did you meet performance goals for the project?

Yes____ No____

3. If No to #1, describe a past project of similar activities, size, and complexity where your organization used local, state, or Federal funding. Describe whether you met expenditure deadlines, performance measures, and compliance requirements, such as Davis Bacon or Section 3.

ATTACHMENT #7: Two (2) letters of community support.

CDBG Project Budget Form

INSTRUCTIONS

Provide the total budget of the proposed CDBG project, subdivided by activity costs.

Request only the level of CDBG funding needed to carry out the project. The grant request must be sufficient either by itself or included with other proposed funding sources to assure effective administration and completion of the proposed project within the contract period.

List the allocation of CDBG funds among project costs in the Source 1 column and the allocation of other funding sources (as well as the name and amount of the source) in the other columns.

Only complete budget line items that apply to your project. Add additional rows, if needed. If your project has more than four sources, use a second sheet budget sheet.

CDBG Project Budget Form – Attachment #2					
Sources					
	Source 1	Source 2	Source 3	Source 4	Totals
Name of Source	CDBG				
Is the source firmly committed? If yes, must provide award or commitment letter		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Amount					
Uses					
Personnel	Source 1: CDBG	Source 2:	Source 3:	Source 4:	Total
[List job title and salary]					
[List job title and salary]					
[List job title and salary – add more lines if needed]					
Fringe Benefits					
Personnel Total					
Construction/ Rehabilitation	Source 1: CDBG	Source 2:	Source 3:	Source 4:	Total
Acquisition					
Architectural, Planning, and Engineering					
Fees (permits, etc.)					
Professional Services					
Construction/rehab					
Demolition					
Other					
Other					
Other					
Construction/ Rehab Total					
Program Operating Costs	Source 1: CDBG	Source 2:	Source 3:	Source 4:	Total
Supplies					
Rent/Lease					
Insurance					
Printing					

Communications (Telephone, internet, etc.)					
Travel					
Other					
Other					
Prog. Operating Total					
Project Total					